



RAJMEDICARE

LAB PVT. LTD.



REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER

As per Merchant shipping (Medical Examination) Rules, 2000 and ISM/STCW code 1/9 and ILO convention 147

Name: ANANDAN PREMKUMAR

Date of Birth: 09/09/1991

Vessel: PROPEL PROGRESS

Home Address: No.37/14, Othawadai Street, Nammalwarpet, Chennai - 12.

Company Name & Address: VS MARINE PVT LTD

Sex: Male

PP/CDC No: J4039666/MUM187687

Type:

RMC No.: 19855

Rank: 2ND OFFICER

Route:

MEDICAL HISTORY

Please answer the following to the best of your knowledge

Is there any past / present history of any of the following	Candidates Declaration		Examiners Record		Is there any past / present history of any of the following	Candidates Declaration		Examiners Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headache (Migraine)		✓		✓	Hernia / Hydrocele / Appendicitis		✓		✓
Head injury / Concussion / Loss of memory		✓		✓	High / Low Blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthma / Bronchitis / Tuberculosis		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓	Allergy / Skin Disease		✓		✓
Hearing impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat problems		✓		✓	Addiction to Alcohol / Drugs / Tobacco		✓		✓
Stomach / Bowel disorders		✓		✓	Fracture / Dislocation / Injury / Amputation		✓		✓
Jaundice / Liver disease		✓		✓	Major / Minor operation		✓		✓
Piles / Varicose veins		✓		✓	Diabetes Mellitus		✓		✓
Blood Disorder		✓		✓	Nervous / Mental disease / Sleep disorder		✓		✓
Life Disorder		✓		✓	Malignant disease (Cancer)		✓		✓
Notes		✓		✓	Signed off on medical grounds / Declared Unfit		✓		✓

MEDICAL EXAMINATION

Height (Cms)	Weight (Kgs)	Chest Insp-Exp	Blood pressure in mm of Hg		Pulse Beats / min		Resp Rate / min				General Condition	
159	71	97-102	120/78 mmHg		76 min		16				Normal	
Distant Vision	Uncorrected		Corrected		Hearing		Normal Voice				Whispered Voice	
Right Eye	6/6 (1.0)				Right Ear		4 Metres				2 Metres	
Left Eye	6/9 (0.7)				Left Ear		4 Metres				2 Metres	
	Ishihara		Normal	Abnormal	Audiometry	kHz	500	1000	2000	3000	4000	5000
Colour Vision	Other		Normal	Abnormal	Right Ear	dB	✓	✓	✓	✓	✓	✓
Field of Vision					Left Ear	dB	✓	✓	✓	✓	✓	✓
SYSTEMIC EXAMINATION			Normal	Abnormal	Notes						Normal	Abnormal
Head & Neck			✓						Respiratory system		✓	
Eyes				✓					Cardiovascular system		✓	
Ear / Nose / Throat			✓						Per Abdomen		✓	
Teeth / Oral Cavity			✓						Genito-Urinary system		✓	
Musculo-Skeletal system			✓						Others		✓	
Nervous system			✓						Hernia / Hydrocele		✓	
Reflexes			✓						Varicose Veins		✓	
Skin			✓						Fissure/Fistula/Piles		✓	
INVESTIGATIONS												

Blood		Result	Normal Values	Urine	Result
Hboglobin		16.2	12 – 18 gm%	Colour	Pale yellow
WBC Count		8900	4000 – 11000 cu. Mm	Specific Gravity	1.010
Neu 50% Lymph 45 %	Eosp 03 % Ba 00 % Mo 02 %	Malarial Parasite: No blood parasite seen		pH	6.5
Blood Group: O Positive				Sugar	Nil
ESR		02/05	1 – 15 mm/r	Albumin	Nil
Blood Glucose		79	80 – 140 mg/dl	Bile Salts	Absent
S. Cholesterol		180	< 200 mg/dl	Bile Pigments	Negative
S. Triglycerides		144	< 150mg/dl	Occult Blood	Nil
HIV I & II (Elisa)		Negative		RBC Cells	Nil
HbsAg (Elisa)		Negative		Leucocytes	2 – 3
CV (Elisa)		Negative		Others	Nil
DRL		Non Reactive		Drug of Abuse	Negative

X-Ray Chest Normal Study

ECG

RESULT OF MEDICAL EXAMINATION

On the basis of the examiner's history, clinical examination and diagnostic tests. I, Dr.T.Ramesh Kumar, hereby declare the examinees medically
 FIT UNFIT TEMPORARILY UNFIT PERMANENTLY UNFIT Should be re-examined in days / weeks / months.

Remarks / Recommendations:

Dr.T.Ramesh Kumar, M.D., certify that all information required under annexure E & F of MS (Medical Examination) Rules, 2000 are incorporated in this Medical certificate. This certificate is valid till two years from the date of issue.

Office Stamp

Doctor's Signature

Candidate's Signature

Date: 17/10/2017



DR. T. RAMESH KUMAR
 MBBS., D.C.H., M.D (GM),
 Reg. No. 7-NT (8) / 2013-II
 Shipping Panel Doctor

New No: 45, Old No: 22, 1st Main Road, C.I.T Nagar, Nandanam, (Off South usman Road, C.I.T Nagar), Chennai - 600 035

Ph: 044 - 4211 0215, Telefax: 044- 4211 0251, E-mail : rajmedicare4u@yahoo.co.in / contact@rajmedicare.in

[External Quality control by AIIMS (New Delhi) and CMC Vellore]

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**MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA**

SURNAME : ANANDAN		GIVEN NAME (S): PREMKUMAR	
DATE OF BIRTH:		PLACE OF BIRTH	SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
DAY 09	MONTH 09	YEAR 1991	CITY: CHENNAI COUNTRY: INDIA
POSITION ON BOARD:		MAILING ADDRESS OF APPLICANT:	
MASTER <input type="checkbox"/> DECK OFFICER <input checked="" type="checkbox"/> ENGINEER OFFICER <input type="checkbox"/> RADIO OPERATOR <input type="checkbox"/> CATERING <input type="checkbox"/>		No.37/14, Othawadai Street, Nammalwarpet, Chennai - 12.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOUR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6(1.0)		RIGHT EAR _N_
	6/9 (0.7)		
LEFT EYE			LEFT EAR _N_

Confirmation that identification documents were checked at the point of examination : YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APLICABLE ☐

Unaided hearing satisfactory ? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

(the visual test it is required every six years)

Date of the last color vision test: (Year)2017


Are glasses or contact lenses necessary to meet the required vision standards ? YES ☐ NO ☒

Able for watchkeeping ? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medication ? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board ? YES ☒ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.


Signature of Applicant

ANANDAN PREMKUMAR
Name of Applicant

17/10/2017
Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT-FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEER-OFFICER / CATERING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:



NAME AND DEGREE OF PHYSICIAN: DR.T.RAMESH KUMAR.M.D.,

ADDRESS: CHENNAI RAJMEDICARE LAB PVT LTD, New No.45,Old No.22,1st Main Road,C.I.T Nagar,Nandanam,Chennai-35

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: TAMILNADU MEDICAL COUNCIL

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 16/04/1990

SINGATURE OF PHYSICIAN:



STAMP OF PHYSICIAN:

DR. T. RAMESH KUMAR
MBBS., D.C.H., M.D (GM),
Reg. No. 7-NT (8) / 2013-II

DATE: 17/10/2017

EXPIRY DATE OF CERTIFICATE: 16/10/2019

DG Shipping Panel Doctor

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.



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Date : 13/03/2013

MEDICAL FITNESS CERTIFICATE

FOR EMPLOYMENT AT SEA

This medical certificate is issued on Medical Examination done in accordance with STCW regulation 1/9 or ILO-147(1976) ILO Marine Labour Convention 2006 (MLC 2006)

SURNAME	FIRST NAME	MIDDLE NAME
ANANDAN	PREM KUMAR	

DATE OF BIRTH	MALE	FEMALE
09 09 1991	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OCCUPATION: (TICK RELEVANT BOX)						
Deck:	<input checked="" type="checkbox"/>	Engine:	<input type="checkbox"/>	Ratings:	<input type="checkbox"/>	Other (Specify): 2 ND OFFICER

HOME ADDRESS
No.37/14, Othawadai Street, Nammalwarpet, Chennai - 12.

NATIONALITY	PASSPORT NO. / SEAMAN'S BOOK NO.
INDIAN	J4039666 / MUM187687

I confirm the following is satisfactory for duties to be performed

HEARING	SIGHT	COLOUR VISION: FIT FOR LOOK-OUT DUTIES:				
Normal	Power +	Defective:	Yes	No	Yes	No

VISUAL AIDS: (TICK IF WORN)	
Spectacles	Contact Lenses

On the basis of the examinee's personal declaration, my clinical examination and Diagnostic test results records on Medical Examination Form, I declare the examinee is not suffering from any medical condition likely to aggravated by service at sea or to endanger the health of other persons on board:


FIT For employment at sea	UNFIT For employment at sea
<input checked="" type="checkbox"/> Restrictions (if any): ----	<input type="checkbox"/> ----

Medical Certificate's Date of Examination:	Medical Certificate's Date of Expiration:
17 10 2017	16 10 2019

I acknowledge that I have been advised to the content of the Medical Examination Form.

CANDIDATE'S SIGNATURE:




DOCTOR'S SIGNATURE:


DR. T. RAMESH KUMAR
MBBS., D.C.H., M.D (GM),
Reg. No. 7-NT (8) / 2013-II
DG Shipping Panel Doctor
Dr. T. RAMESH KUMAR
M.B.B.S., D.C.H., M.D.(Gen Med), Diploma in Diabetology (A.U.)

CHENNAI RAJMEDICARE LAB PVT LTD

New No.45, Old No.22, 1st Main Road, C.I.T.Nagar, Nandanam, Chennai - 600035
Tel: 044-42110215, Telefax: 044-42110251.

Email: rajmedicare4u@yahoo.co.in / contact@rajmedicare.in URL: <http://rajmedicare.in>



CHENNAI RAJMEDICARE LAB PVT LTDNew No.45, Old No.22, 1st Main Road, C.I.T.Nagar, Nandanam, Chennai - 600035.


Tel: 044-42110215, Telefax: 044-42110251.

Email: rajmedicare4u@yahoo.co.in / contact@rajmedicare.in

URL: <http://rajmedicare.in>**SEAFARER'S MEDICAL EXAMINATION CERTIFICATE**

Issued in Compliance with STCW code Section A-1/9 and the Maritime Labor Convention 2006, Regulation 1.2

FAMILY NAME: ANANDAN		FIRST NAME: PREMKUMAR	MIDDLE NAME:
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		Date of Birth: 09/09/1991	
Civil Status: Single <input type="checkbox"/> Married <input type="checkbox"/>		Nationality: INDIAN	
Passport: J4039666		Seamen Book: MUM187687	
Rank: 2 ND OFFICER		Company: Pacific International Lines (Pte) Ltd	




Fit to perform duties at sea:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> No	If No, please specify below:
Any restriction (s):	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, please specify below:

Satisfactory Hearing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Satisfactory Sight: Unaided: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Aided: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Colour Vision-Satisfactory: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fit For Look-Out Duties: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Visual Aids: (if worn) <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses	
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 Duty approved by director General of Shipping India Licence number:	Identity of the Seafarer verified	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Hearing is satisfactory/meets the standards in STCW Code Section A- 1/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Unaided hearing satisfactory	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Visual acuity is satisfactory / meets the standards in STCW Code Section A-1/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Color vision is satisfactory / meets the standards in STCW Code Section A-1/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Date of Last color vision test: 2017	
The seafarer is not suffering from any medical condition likely to be Aggravated by service at sea or to render the seafarer unfit for such service Or to endanger the health of other persons on board		
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Name and Signature of Examining Authorized Medical Practitioner DR. T. RAMESH KUMAR MBBS., D.C.H., M.D (GM), Reg. No. 7-NT (8) / 2013-II DG Shipping Panel Doctor		

I hereby authorize the release of all my medical records to the manning agent, my employer Pacific International Lines (Ptd) Ltd., Singapore, and, the undersigned medical practitioners. Company/Owner shall treat medical report as 'Confidential'.

Seafarer's Signature: _____

Date: 17/10/2017

Date of Examination
(Day/month/year) 17/10/2017
Date: 17/10/2017Date of Expiration of PEME Certificate:
(Day/month/year) 16/10/2019

In Accordance with Medical Examination (Seafarers) Convention 1946 (ILO No.73 and WHO). STCW 1995 /2010 as amended
This Certificate does not cover diseases that would require special procedures and examinations for their detection such as bronchiectasis that requires bronchography, peptic ulcer/gall bladder diseases that require Chole GI Series/ultrasound, certain kidney problems that require IVP/ultrasound, diseases that are asymptomatic at the time of examination (including pregnancy and psychological conditions) and any pre-existing illnesses.

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Mr. ANANDAN PREMKUMAR

(Seafarer's Last name, First name and Middle name)

J4039666 / MUM187687

(Number of: CDC / Passport / other valid identification document – with type of document)

has been examined by **Dr. T. RAMESH KUMAR, M.D.,**
(Name of Medical Examiner)and has been found fit for service at sea in the job of **2ND OFFICER**

- (a) The hearing and sight of the seafarer concerned, and the colour vision in the case of a seafarer to be employed in capacities where fitness for the work to be performed is liable to be affected by defective colour vision, are all satisfactory; and
- (b) The seafarer concerned is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board.
- (c) The seafarer complies with the requirements specified in Table A-1/9 of STCW Code (i.e. Minimum in service eyesight standards for seafarers), Table B-1/9 of the STCW Code (i.e. Assessment of minimum entry level and in-service physical abilities for seafarers) and Regulation 1.2, Standard A-1.2 & Guideline B-1.2 of the Maritime Labour Convention 2006.

17/10/2017 – **Chennai**

(Date & Place of Medical Examination)

19855

(Serial number of the Certificate)

(Signature of the Medical Examiner)

CHENNAI RAJMEDICARE LAB PVT LTD
New No.45, Old No.22, 1st Main Road,
C.I.T. Nagar, Nandanam,
Chennai – 600035.
rameshkumar4v@yahoo.co.in
+ 91 9841074668

(Address with E-mail ID & Contact No.)

DR. T. RAMESH KUMAR
(Name of Medical Examiner)**MBBS., D.C.H., M.D (GM),****Reg. No. 7-NT (8) / 2013-II****DG Shipping Panel Doctor**

Official Stamp of the Medical Examiner

This Certificate expires on * **16/10/2019**
(Day, Month, Year)*

(*Not more than 2 years from the date of issue, unless the seafarer is under the age of 18, in which case the maximum period of validity of the Medical Certificate shall be 1 year).

If the period of validity of the medical certificate expires in the course of voyage, the medical certificate shall continue in force until the next port of call where an approved Medical Examiner is available and the seafarer can obtain a medical certificate, provided that period of such extension shall not exceed 3 months.

SIGHT TEST CERTIFICATE

New Entry*/Periodic*

Reference No. 19855

Full Name MR. ANANDAN PREMKUMAR

Rank 2ND OFFICER

PP/CDC/ID No. J4039666 / MUM187687

Date & Place of Birth 09/09/1991 & CHENNAI

Colour of Eyes BLACK

Identification Notes _____

Form B.



		Right Eye	Left Eye	Both Eyes	
Distance Vision	Unaided	6/6	6/9	6/6	Power +
	Aided				
Near Vision	Unaided	N/5	N/5	N/5	Normal
	Aided				
Field of Vision	Horizontal Plan	Normal	Normal	Normal	Normal
	Vertical Plan	Normal	Normal	Normal	
Colour Vision	Ishihara	Normal			Normal
	Lantern/ Others				

I, Dr. T. RAMESH KUMAR, M.D., hereby certify that the above mentioned candidate has met/not*, the eye sight standard for his/her designated rank/ position as set out in Annex-II*/ Annex-III* for seafaring occupation.

Candidate's Signature

Signature of the Medical Examiner

DR. T. RAMESH KUMAR
 MBBS., D.C.H., M.D (GM),
 Reg. No. 7-NT (8) / 2013-II
 DG Shipping Panel Doctor

Date 17/10/2017 at CHENNAI**Note:**

- 1) This certificate is valid for two years from the above date. New entry sight test certificates should be retained by the candidate till his active sea career.
- 2) Seafarer aggrieved by the decision of the Medical Examiner may appeal as per the provision of the M.S. (Medical Examination) Rules, 2000 as amended.

* Delete if not applicable